

**KENTUCKY BOARD OF INTERPRETERS  
FOR THE DEAF AND HARD OF HEARING**

P.O. Box 1360  
Frankfort, KY 40602  
(502) 564-3296 Ext. 237  
[jennifer.mckenzie@ky.gov](mailto:jennifer.mckenzie@ky.gov)

**LICENSE RENEWAL APPLICATION**

**For Office Use Only**

Your license expires on July 1 each year. In accordance with KRS Chapter 309 and regulations governing this profession, you are required to renew your license every year by submitting this form, 15 hours of continuing education (to be documented on the back of this form), proof of current RID/NAD certification, and the renewal fee of \$75, made payable to the **Kentucky State Treasurer. DO NOT SEND CASH.** Please return completed form with the appropriate fee to the address above prior to the **deadline date of July 1.** The late fee for renewals received during the 60-day grace period (postmarked between July 2 and August 31) is \$135. The licensee may continue to work during this grace period. Licenses not renewed by August 31 will terminate and you must immediately **CEASE AND DESIST** the practice of interpreting for the deaf and hard of hearing in the Commonwealth of Kentucky. **No exceptions shall be made. Incomplete forms will be returned.**

**PLEASE COMPLETE THE FOLLOWING (Please print or type):**

1. Note **changes in name and/or mailing address** if different from above:

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2. Present Business Address:

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3. Home Phone (    ) \_\_\_\_\_ Business Phone (    ) \_\_\_\_\_

4. License Number \_\_\_\_\_ Social Security Number \_\_\_\_\_

5. Have you been convicted of a felony or misdemeanor where a jail sentence was imposed, or any crime involving moral turpitude since the last renewal of your license?    Yes    No    If yes, what offense and give details:

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6. Has your License to be a licensed interpreter or any other professional credential in Kentucky or any other state been subject to disciplinary action?    Yes    No. If yes, give details,

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7. Have you ever been convicted of violating any federal or state law applicable to the practice of interpreting?

\_\_\_\_\_ Yes    \_\_\_\_\_ No. If yes, give details, \_\_\_\_\_

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**(Complete Reverse Side)**

8. Have you ever been found to have violated the code of ethics of a national organization that issued you a certification you hold or ever held? If yes, give details: \_\_\_\_\_

9. I wish to be listed in a public directory of licensed interpreters - \_\_\_\_ Yes \_\_\_\_ No  
List contact information for directory below:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

**Please complete the form below INCLUDING COMPLETE DATE AND HOURS OBTAINED.**

**Incomplete forms will be returned:** (**DO NOT** attach documentation of attendance unless you are audited. It is your responsibility to maintain all documentation of attendance). **Requirements for continuing education are outlined in 201 KAR 39:090.** and should be studied carefully.

Course Name	Dates Attended mm/dd/yr	CEU Hours Earned	Sponsoring Organization	Prior Board Approval Y/N

#### CERTIFICATION AFFIDAVIT

I, the licensee named in the above, do certify under penalty of law that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should investigation at any time disclose any such misrepresentation or falsification, my license could be subject to disciplinary action by the Kentucky Board Interpreters for the Deaf and Hard of Hearing.

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_  
(Sign your name - Do not print or type)

**Do Not Write Below This Line--For Board and Office Use Only**

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#### AUDIT REVIEW - FOR BOARD MEMBER USE ONLY

Application Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Application Denied by: \_\_\_\_\_ Date: \_\_\_\_\_

Resubmitted for review: Approved: [ ] Denied: [ ] By: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

Comments: \_\_\_\_\_